



City of Carmel

Door-to-Door Vendor Application

General License Information (office use only)

The undersigned hereby makes application to be a duly licensed door-to-door vendor under Carmel City Code, Division IV, Sections 4-6 and 4-26, and state the following:

Application Submission Date: / /

License Issue Date: / / **License Expiration Date:** / /

Fee Paid? Yes ☐ No ☐ Surety Bond? Yes ☐ No ☐ License #:

Company / Organization Information

Length of License Requested: 10 Day ☐ 120 Day ☐ **From:** / / **to** / /

Company / Organization Name:

Name of Supervisor in Charge:

Address:

City:

State:

Zip:

Business Phone #:

Pager and/or Mobile #:

If a vehicle(s) is to be used, how many vehicle identification cards will be needed?

Description of goods or services to be offered:

Solicitor Information (#1) For additional solicitors, refer to page 2

(LAST)

(FIRST)

(MI)

Name:

Street Address:

City:

State:

Zip:

Work #:

Home #:

Male: ☐

Female: ☐

Age:

If older than 14 but less than 18, please attach
Indiana Work Permit
in compliance with Indiana Code 20-8.1-4

SSN:

DOB: / /

Height

Weight:

Eye Color:

Hair Color:

Place of Birth (include city & state):

Race:

ARREST RECORD

Have you ever charged & Convicted of a criminal offense? Yes: ☐ No: ☐ If yes, date charged: / /

Charging Agency & Date of Conviction: / /

DRIVERS LICENSE INFORMATION

Current Driver's License Number:

Driver's License Expiration Date:

Restrictions on Current Driver's License:

Solicitor Information (#)

(LAST)		(FIRST)		(MI)
Name:				
Street Address:				
City:		State:		Zip:
Work #:	Home #:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
Age:	If older than 14 but less than 18, please attach Indiana Work Permit In compliance with Indiana Code 20-8.1-4	SSN:	DOB: / /	
Height	Weight:	Eye Color:	Hair Color:	
Place of Birth (include city & state):			Race:	
ARREST RECORD				
Have you ever been arrested? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, date of arrest: / /				
Arresting Agency & Court Date:				
Have you ever been convicted of driving while intoxicated? Yes: <input type="checkbox"/> No: <input type="checkbox"/>				
If yes, date of conviction: / /				
Arresting Agency & Court Date:				
DRIVERS LICENSE INFORMATION				
Current Driver's License Number:				
Driver's License Expiration Date:				
Restrictions on Current Driver's License:				

Solicitor Information (#)

(LAST)		(FIRST)		(MI)
Name:				
Street Address:				
City:		State:		Zip:
Work #:	Home #:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
Age:	If older than 14 but less than 18, please attach Indiana Work Permit In compliance with Indiana Code 20-8.1-4	SSN:	DOB: / /	
Height	Weight:	Eye Color:	Hair Color:	
Place of Birth (include city & state):			Race:	
ARREST RECORD				
Have you ever been arrested? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, date of arrest: / /				
Arresting Agency & Court Date:				
Have you ever been convicted of driving while intoxicated? Yes: <input type="checkbox"/> No: <input type="checkbox"/>				
If yes, date of conviction: / /				
Arresting Agency & Court Date:				
DRIVERS LICENSE INFORMATION				
Current Driver's License Number:				
Driver's License Expiration Date:				
Restrictions on Current Driver's License:				

Signatures

I affirm under the penalties of perjury that the foregoing representations are true to the best of my knowledge, information and belief, this _____ day of _____, 200____.

Signature of Applicant

Please Print Name

Notice: If there are any falsifications on this application, the license will be denied. If, after your license is issued, we receive complaints of rudeness, forcible tactics, refusal to leave or other undesirable behavior, your license will be revoked.

*Each licensee shall be restricted to conducting activities to the following hours:
10:00 a.m. to 7:00 p.m. during any weekday or weekend day.*

RECOMMENDATION:

Approval

Disapproval

Chief of Police

Date